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Dissertation

on

Pneumonia Syphilitica.

by Mr. Passon of Virginia
exam^d & ap^d March 4th 1817.

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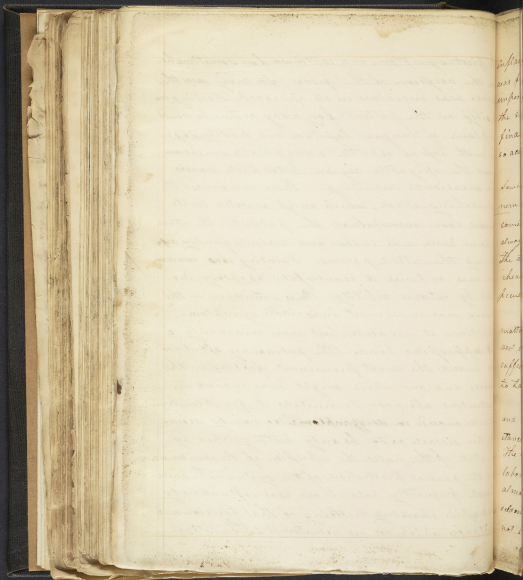
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On a disease, which has been of late so much the object of attention, I cannot hope to advance any thing either new or interesting. But, indeed, I know no subject on which a candidate might not urge the same excuse. — for to him, the field of experience is limited, and the wilds of speculative conjecture, are concealed forests, in which he should not stray. I would he were for me to detail to you its origin & progress or exhibit the various features, which it has assumed in different climates and situations. The friendship of Dr. Huxham afforded me an opportunity of seeing the disease, when it raged with considerable violence in the Philadelphia prison. Leaving it for able hands to give you a complete history of the disease in all its diversities, I shall content myself, with exhibiting it, as it appeared in this institution.

The attack usually commenced with attenuate chills and heat, as in ordinary fevers, the local affection not manifesting itself until the accession of the hot stage. In other cases the local affection was

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the first symptoms, and continued for some time before the accession of the fever. In many cases the disease was insidious in its approach, stealing insensibly on the patient: for a day or two, he would complain of languor, lassitude and debility, together with loss of appetite, a disagreeable sensation about the epigastric region, bitter taste, nausea and occasional vomiting. These announced the approaching attack, which unless arrested in its career, soon overwhelmed the patient. The attack in some cases, was sudden and violent, quickly destroying the vital powers. Fainting was common and once or twice it terminated in apoplexy, succeeded by extreme acidity. Pain somewhere in the thorax, was an almost insensible symptom. Sometimes it was acute, but more commonly of the oppressive kind. The pulmonary affection was indeed the most prominent feature in the disease and one which might have induced an inattentive observer to mistake it for Pleurisy. It did, indeed, in its symptoms, so nearly resemble this disease, as to be easily distinguished by the state of the pulse, the expression of the countenance, and the general prostration of the system. The pulse though frequently voluminous, was soft and easily compressed, showing nothing of that tension and resistance which we are accustomed to, in active



inflammation of the thorax. Most commonly the pulse was frequent and soft; occasionally it was almost imperceptible, at times it intermitted. I think too, the stomach was more affected than we commonly find it in Pleurisy, and that the pain was not so acute, but more of the sickly oppressive kind.

The right side was most commonly affected. Sometimes the pain was in the left or under the sternum. During the continuance of the disease, the pain sometimes changed its situation. This change was always preceded by an intermission of some hours. The attack was accompanied with pains, resembling rheumatic, all over the body, and attended with a peculiar soreness of the flesh.

The stomach was much disordered, and the matter discharged was of a bilious nature. The fever was high, and during its continuance seldom suffered much remission. I did not observe to have any peculiar type.

The difficulty of respirations, shortness of breath and cough were always distressing, and in some instances appeared to constitute the principal complaint. The respiration was in many cases so difficult and laborious, and attended with such exquisite pain, as almost to threaten suffocation. The throat was but seldom affected, and in those, the anginae affection was not so considerable as to form a prominent feature in the disease.

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In the severe cases, delirium was a common attendant. Others were comatose and could with difficulty be roused. They appeared stupid and absent, but when spoken to rather loudly, would answer distinctly and rationally, though unwillingly.

In the commencement the cough was frequent and hard; the patient spat little, and that little, afforded no relief. Towards the close the sputum was more copious - coughed up with more ease, and afforded more relief - not unfrequently it was tinged with blood.

The appearance of the tongue varied considerably. Mostly it was covered with a whitish or brownish coat. At other times it was red and glossy. In a few severe cases it was nearly of its natural appearance. The skin was hot, dry and hard - sometimes preternaturally cold.

The countenance always expressed great anxiety and distress. It had indeed something so peculiar in it, that by it alone, a discerning eye could almost infallibly distinguish the disease. In most cases, the bowels appeared but little affected; in some they were rather torpid.

I saw not enough to convince me the disease was contagious, yet sufficient to induce me to suspect it to be so. The nurses generally escaped it - as also others, who were necessarily in the sick rooms; but occasionally they were troubled with the precursory symptoms, viz.

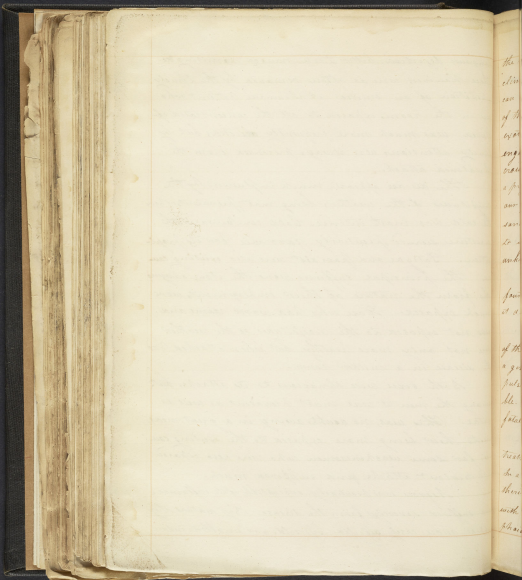
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languor, dejection, bitter taste, nausea vomiting &c. these however were as often removed by the timely exhibition of an emetic. A rheumatic patient who lay in the room, exposed to all the concentration of fluvia, was much more frequently afflicted, but by timely attentions was always preserved from the threatened attack.

The disease appeared much influenced by the vicissitudes of the weather, being most prevalent when the cold was most intense. Cold combined with moisture seemed peculiarly favorable for its propagation. Fatigue and poor diet were also existing causes. The principal sufferers were the stone masons who from the nature of their employment, were much exposed. Those who had warm rooms and were not exposed to the vicissitudes of the weather were not only more healthy, but when attacked, had the disease in a milder form.

Both sexes were obnoxious to its attacks, but among the men it was most prevalent as well as fatal. This was, no doubt, owing in a great measure, to their being more exposed to the wetting causes, for some masons who were also exposed had violent attacks, and suffered much.

Negroes were peculiarly susceptible of its influence, and suffered severely from the disease. By nature they appear more easily affected by cold, and unable to induce

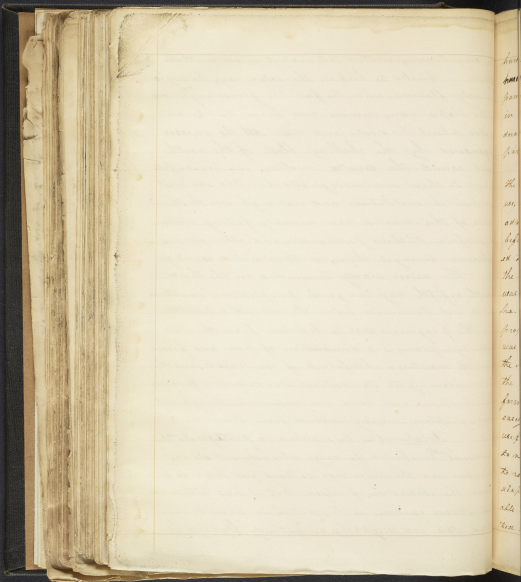


the vicissitudes of weather so prevalent in our northern
climes. Exposed to heat in the solar rays, the negro
can only flourish, when he feels the genial influence
of the Lætic suns remove him from it—like an
exotic plant he droops and dies. All the diseases
engendered by the chilling blast of the north
crowd round the devoted victim, and he soon falls
a prey to their unrelenting attacks. Who can visit
our publick institutions, and not sigh over the thou-
sands of this devoted race annually falling victims
to Scurfula, Phtisica pulmonalis, and other diseases
unknown amongst them, in their native country.

The disease usually terminated on the third
fourth or fifth day, in a gentle perspiration, sometimes
it did not terminate before the seventh or twelfth.

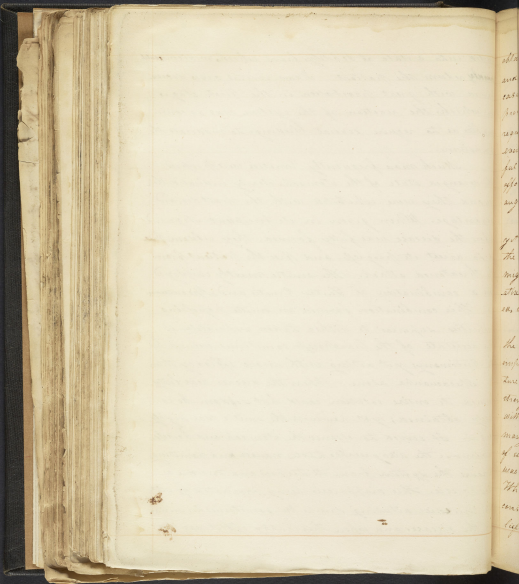
The prognosis was to be drawn from the state
of the symptoms.— a diminution of pain and fever,
a gentle moisture— cheerfulness of countenance, and the
pulse returning to its natural standards were favoura-
ble. Delirium and coma were unfavorable, though not
fatal symptoms— many recovered from them.

Treatment— In a disease so proteiform, the
treatment ^{must} be expected to vary extremely— it did so.
In a few cases the pulse was so hard and full as to au-
thorize the abstraction of blood, but I had to be sworn
with extreme caution, as the system was prone to a ty-
phoid state, and might by an untimely bleeding be.



hurled into a state of debility, from which medicines could hardly return the patient. I saw several cases accompanied with great prostration in the first stages in which the reaction of the system was so considerable as to require several bleedings to moderate the paroxysm.

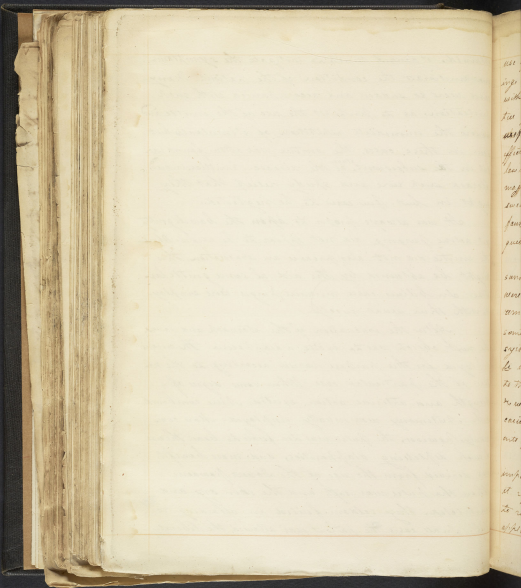
Much more frequently emetics were prescribed. The deranged state of the stomach clearly indicated their use, and they were exhibited with the most decided advantage. When given in its incipient stage and before the disease was fully formed, they seldom failed to arrest its progress and free the patient from the threatened attack. The emetic mostly employed was a combination of Tartar Emetic and Ipecacuanha. This combination formed an emetic possessing properties superior to either taken separately. It was destitute of the harshness sometimes evinced by the Antimony yet acting with more efficacy than the Ipecacuanha alone. When the disease was fully formed its entire solution could not seldom be so easily attained, yet however the emetic was highly useful. It served to cleanse the stomach and bowels, to remove the disagreeable taste, nausea and vomiting, to rouse the system from its torpor and to excite a diaphoresis. This diaphoresis being promoted by suitable remedies, diluting drinks &c. sometimes terminated the disease, and when this happy effect was not



obtained, it tended much to mitigate the symptoms and ameliorate the condition of the patient. Many cases were so sudden and accompanied with such prostration, as to prohibit the use of the emetic and require the immediate exhibition of stimulents but even in these cases, the emetic was often found useful in the subsequent ^{stage} of the disease. Emetics, indeed, afforded such sure and speedy relief that they ought in but few cases to be neglected.

It was always proper to open the bowels gently, yet active purging did not appear to be useful, where the emetic did not also produce an evacuation, this might be obtained by the aid of some gentle laxative. In bilious cases, mercurial purges were employed, with their usual success.

After the evacuation of the stomach and bowels, the next object was to excite a diaphoresis. The means employed for this purpose varied according to the nature of the particular case. When some degree of strength and arterial action existed, wine combined with Antimony was usually employed. More commonly, however, the pulse was too feeble to bear the use of such depleting diaphoretics, and more benefit was derived from the use of the Dover's powder. When the pulse was soft and the skin dry and constricted, they seldom failed in affording relief. In all cases the patient was allowed the liberal



use of some warm stimulating drink, milk or stimu-
ling, as the case appeared to require. In cases attended
with some debility, the stimulating diaphoretic prop-
ties of the Senega, Sassafras, wine, &c. were found
useful auxiliaries and produced the most pleasing
effects. Abundant perspiration seldom failed to fol-
low the attentive use of these means, and in a great
majority of cases happily terminated the disease. The
sweating process was continued for twelve, twenty
four, or thirty, or more according to the case in
question.

The sweat failed to relieve some, and they
sank into a state of debility, others from the first
were too much debilitated to bear the use of these
remedies. The pulse became frequent, small and soft,
sometimes intermitting, and all the energies of the
system seemed exhausted. Here the use of stimu-
lants were imperiously demanded. Blisters were applied
to the extremities, and Dilute Alkali, wine, &c. were
given liberally. Spirits and porters were oc-
casionally employed and found useful. Some patients
preferred them to wine.

In cases of great prostration, the pulse almost
imperceptible, breathing difficult and laborious,
it required the most prompt and vigorous means
to rouse the system from its torpor. Warmth was
applied to the surface, blisters to the extremities, and the

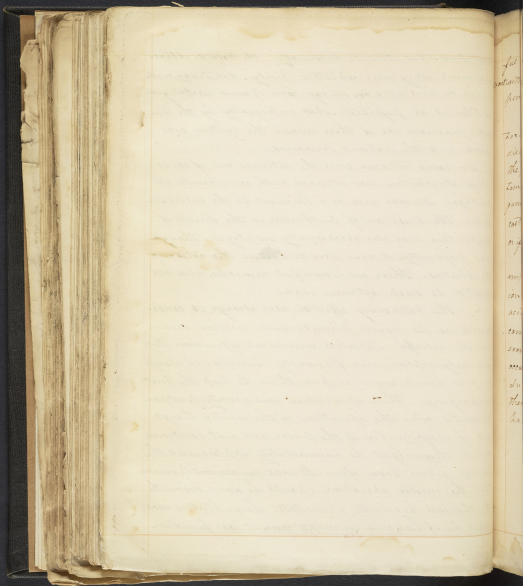
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most powerful stimuli internally. The Natives of Hall
and wine, when were exhibited freely. Hot Leger, milk
punch were also in many cases found useful, given
as liberal as possible. Not infrequently by the free
and judicious use of these means the system was
raised and the patients preserved.

In some extreme cases the external use of the spi-
rit of Turpentine was attended with considerable ad-
vantage. It was used as a liniment to the entire sur-
face. The Dilation of Cantharides in the spirit of
Turpentine was also occasionally employed. - though
more frequently, it was used to hasten the action of
the blisters. These are powerful remedies, and well
adapted to such extreme cases.

The pulmonary effusion was always so consi-
derable as to require prompt and decisive means
for its relief. Blisters were most efficacious. They
were early applied, and frequently renewed. Resorp-
tion was found more useful, than to keep the first
discharging. Their application was usually postponed
until after the operation of the emetic, though
not of necessity, for if the pulse did not contrain-
dicate, they might be immediately applied, and the
emetic given soon after. It was convenient, however,
that the emetic operation should be over before the
Cantharides began to stimulate. Large blisters were
most beneficial, and in many cases, it was found con-



ful to accelerate their action, by previously rubbing the patient with the decoction of Cantharides on the spine of the Pontine.

The cough was allayed by demulcent and pectoral mixtures. It declined in most cases, with the disease though in a few cases it continued to harass the patient for several weeks after every other symptom had disappeared. The patient's bowels were frequently regular throughout the disease when too castive, laxatives were exhibited; when too laesive, pills, or if necessary, the extract of Sulp, Lime water &c.

During convalescence, the bitters and Tonics were employed, and a generous diet allowed. The Infusion of Quinia, acidulated with some of the mineral acids, afforded a pleasant and useful Tonic. The convalescence was generally rapid and the patient soon regained his prestine health. Relapses seldom occurred, when they did, they were generally fatal. In a few instances it appeared to terminate in another disease, particularly ~~But~~ Pulmonary, which had a fatal issue.

